Phenomenology and Comorbidity of Dysthymic Disorder in 100 Consecutively Referred Children and Adolescents: Beyond DSM-IV

Masi G, Millepiedi S, Mucci M, et al.

Objective: Inadequate research has been done regarding the diagnostic criteria for and nosological boundaries of juvenile dysthymic disorder (DD). The DSM-IV includes 2 different sets of criteria for DD: the first, included in the main body of the text, emphasizes somatic and vegetative symptoms, and the second, listed in the appendix, gives more weight to affective and cognitive symptoms. Examining a consecutive series of referred children and adolescents, this study sought to identify the prototypical symptom presentation and comorbidity of DD as a function of age and sex. ***Method:*** The study group included 100 inpatients and outpatients (36 children and 64 adults; 57 males and 43 females; mean age = 13.3 years; age range, 7–18 years). Study subjects had been diagnosed as having DD without comorbid major depressive disorder (MDD) via historical information, the Diagnostic Interview for Children and Adolescents-Revised, and symptom ratings based on DSM-IV criteria. ***Results:*** Hopelessness, anhedonia, concentration difficulties, guilt, depressed mood, fatigue or loss of energy, low self-esteem, and irritability were found in more than half of the subjects. Although differences in symptomatic profile were found between males and females, these differences were not significant. Anxiety disorders—especially generalized anxiety disorder, simple phobias, and (in prepuberal children) separation anxiety disorder—were often comorbid with DD. Thirty-five percent of patients reported externalizing disorders; a higher prevalence was found in males. Compared with children, adolescents had more suicidal thoughts and anhedonia. ***Conclusions:*** This study, which involved a pure DD sample (without current and past MDD), shows that the clinical picture of early-onset DD is not completely in line with DSM-IV diagnostic criteria. Early diagnosis and prevention of superimposed mental disorders may be brought about by a more precise definition of the clinical picture.

(Can J Psychiatry 2003;48:99–105)

Prospective Study of Alcohol Consumption and Risk of Dementia in Older Adults

Mukamal KJ, Kuller LH, Fitzpatrick AL, et al.

Objective: Although associations have been found between alcohol consumption and complex changes in cerebral vasculature and structure in older adults, the effect of alcohol consumption on incidence of dementia has not been clearly established. This study sought to determine the prospective relationship of alcohol consumption and dementia risk among older adults. ***Method:*** From among 5888 adults aged 65 years or older from the Cardiovascular Health Study, a prospective, population-based cohort study in 4 U.S. communities, 373 individuals with incident dementia and 373 controls were included in this nested case-control study. Controls were frequency-matched on age, death before 1999, and attendance of a 1998–1999 clinic. All study participants had magnetic resonance imaging (MRI) of the brain and cognitive testing between 1992 and 1994 and were followed up until 1999. The main outcome measure was odds of incident dementia, which were determined with detailed neurologic and neuropsychological examinations according to average consumption of alcohol (which was assessed by self-reported intake of beer, wine, and liquor at 2 visits preceding the date of the MRI). ***Results:*** The adjusted odds for dementia among those with weekly consumption of alcohol, compared with those abstaining, were as follows: less than 1 drink, 0.65 (95% CI = 0.41 to 1.02); 1 to 6 drinks, 0.46 (95% CI = 0.27 to 0.77); 7 to 13 drinks, 0.69 (95% CI = 0.37 to 1.31); and 14 or more drinks, 1.22 (95% CI = 0.60 to 2.49); p for quadratic term = .001. Most apparent among men and among participants with an apolipoprotein E ε4 allele was a trend toward greater odds of dementia associated with heavier alcohol consumption. Relationships of alcohol use with Alzheimer's disease and vascular dementia were found to be generally similar. ***Conclusions:*** Consumption of 1 to 6 drinks weekly is associated with a lower risk of incident dementia than abstention among older adults.

(JAMA 2003;289:1405–1413)

Cost-Effectiveness of a Primary Care Intervention for Depressed Females

Pyne JM, Smith J, Fortney J, et al.

Background: The differential effect by gender of primary care intervention has received little study to date. The current study explored the cost-effectiveness by gender of a primary care intervention designed to improve recognition and guideline-consonant treatment of depression. ***Method:*** Enhanced (intervention) versus usual care for major depression (study criteria were met by all subjects) was provided by randomly assigned primary care practices that did not have an onsite mental health care professional in their employ. To allow comparison of the 1-year effectiveness by gender of enhanced versus usual care, scores on the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36) were converted into quality-adjusted life years (QALYs). In line with the results of previous research, the current analysis focused on antidepressant acceptors beginning a new depression treatment episode. Sociodemographic and clinical covariates were controlled for using multivariate regression models. ***Results:*** The main analysis found that, for females, enhanced care was both more expensive (costing an additional $5244 per QALY) and more effective than usual care, whereas costs and outcomes between the 2 treatments were essentially the same for males. Estimates of cost-effectiveness ratios were robust to sensitivity analyses. The limited effect of the intervention on males may be explained in part by psychological side effects to the intervention. ***Limitations:*** Because the conversion formula for SF-36 scores to QALYs is preliminary and because the study had a relatively small sample size, these results are considered exploratory. ***Conclusions:*** Although the estimated cost-effectiveness ratio for this intervention is within acceptable limits for females, it is not for males. The exploratory results of this study, if replicated, indicate that interventions to improve treatment of depression in primary care should be modified in order to improve their effectiveness in males while retaining their effectiveness in females.

(J Affect Disord 2003;74:23–32)

Evaluation of Sexual Changes After Stroke

Giaquinto S, Buzzelli S, Di Francesco L, et al.

Background: Sexual difficulties may arise after stroke. This study was aimed at evaluating and quantifying sexual changes 1 year after stroke. ***Method:*** Sixty-eight stroke patients, consecutively admitted to our rehabilitation unit, were enrolled in the study. Sixty-two patients were available for response after 1 year—46 men and 16 women with a mean age of 64 years (SD = 9.2). Time interval between stroke event and admission to rehabilitation unit was 15 days. None of the patients presented with lack of comprehension. Methods of data collection at admission were clinical examination, computed tomographic scan or magnetic resonance imaging, the Cumulative Illness Rating Scale, laboratory data, and data collection on sexual life from patients and, separately, from their partners. After 1 year, they were interviewed again to assess sexual performance; the Center for Epidemiologic Studies-Depression scale, Structured Clinical Interview for DSM-IV, and Functional Independence Measure were also performed. A questionnaire designed for this study was also administered for collecting data on patients' private lives. ***Results:*** Sexual decline was common in the post-stroke period. Age ($p = .009$) and disability ($p = .0059$) were significant variables. There was no correlation between sexual decline and gender, nor injured hemisphere. There was also no correlation to marriage duration, education duration, or depression. Evaluation and analysis of the questionnaires revealed, however, that patients' partners played a substantial role in the decline of sexual activity. Many partners experienced fear of relapse, anguish, lack of excitation, or even horror, which withheld them from encouraging sexual activities. ***Conclusion:*** Data from this study demonstrated that sexual decline in the aftermath of stroke is pronounced. Patients suffer from their sexual impairment, but do not conceal that problem. Psychological, rather than medical, aspects account for discontinuity of sexual activity in stroke survivors, and proper counseling is clearly warranted.

(J Clin Psychiatry 2003;64:302–307)

Predictors of Mortality in Eating Disorders

Keel PK, Dorer DJ, Eddy KT, et al.

Background: Among psychiatric disorders, eating disorders are associated with one of the highest mortality rates; a higher mortality rate has been found for anorexia nervosa than for bulimia nervosa. Despite these high rates, potential predictors of mortality, such as comorbid psychiatric disorders, have not been ascertained. The goal of this study was to determine predictors of fatal outcome and mortality ratios in women with anorexia nervosa or bulimia nervosa. ***Methods:*** This longitudinal study included women ($N = 246$) with DSM-IV diagnoses of either anorexia nervosa ($N = 136$) or bulimia nervosa ($N = 110$) between January 1, 1987, and December 31, 1991. Ongoing contact, a search of the National Death Index as of December 1998 (overall ascertainment = 99.8%), and telephone contact as of October 2000 (ascertainment = 95.0%) were used to determine vital status. ***Results:*** A total of 11 women died. In anorexia nervosa, standardized mortality ratios were elevated for all causes of mortality (11.6; 95% CI = 5.5 to 21.3) and suicide (56.9; 95% CI = 15.3 to 145.7); standardized mortality ratios for death were not elevated in bulimia nervosa (1.3; 95% CI = 0.0 to 7.2). Severity of alcohol use disorder during follow-up was a predictor of mortality in anorexia nervosa ($p < .001$). Protection from a fatal outcome was apparently afforded by hospitalization for an affective disorder before baseline assessment ($p < .001$). ***Conclusions:*** One third of women who had alcoholism and died had no history of alcohol use disorder at intake; thus, physicians who treat patients with anorexia nervosa need to carefully assess patterns of alcohol use during the course of care.

(Arch Gen Psychiatry 2003;60:179–183)

Weight Gain in Breastfed Infants of Mothers Taking Antidepressant Medications

Hendrick V, Smith LM, Hwang S, et al.

Background: Little is known about the physical development of infants who are exposed to antidepressant medications through breast milk. ***Method:*** Seventy-eight breastfeeding women taking antidepressant medications were included in the study. Maternal mood was prospectively evaluated at 6, 12, and 18 months postpartum. Infants' weights were obtained from review of pediatric records. Data were gathered from 1997 to 2002. ***Results:*** Infants' weights were not significantly different from weights of 6-month-old breastfed infants from normative populations. However, infants of mothers who relapsed to rela-

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tively long-lasting major depressive episodes (lasting 2 months or more) following delivery weighed significantly (p = .002) less when compared with infants of mothers who relapsed to brief depressive episodes (< 2 months) and infants of mothers who did not relapse to depression in the postpartum period. This finding remained after including medication dosage and infant birth weight as covariates. ***Conclusion:*** Exposure to antidepressant medications through breast milk does not appear to affect infants' weight. However, infants exposed to maternal depression lasting 2 months or more appear to experience significantly lower weight gain than infants of euthymic mothers or mothers who experience brief (< 2 months) major depressive episodes. Maternal depression following delivery may influence behaviors that, over the course of 2 months or more, affect infants' weight gain.

(J Clin Psychiatry 2003;64:410–412)

Cross-Cultural Differences in the Epidemiology of Unexplained Fatigue Syndromes in Primary Care

Skapinakis P, Lewis G, Mavreas V

Background: Extensive study of unexplained fatigue has been done, although most samples studied were from Western countries. The current study presents data from several countries on the prevalence of unexplained fatigue and fatigue as a presenting complaint in primary care. ***Method:*** This study consisted of a secondary analysis of data from the World Health Organization study of psychological problems in general health care. Assessments were made of 5438 primary care patients from 15 centers in 14 countries using the Composite International Diagnostic Interview. ***Results:*** Across the centers, differences were found in the prevalence of unexplained fatigue of 1 month's duration, with prevalences ranging from 2.26 (95% CI = 1.17 to 4.33) to 15.05 (95% CI = 10.85 to 20.49). Unexplained fatigue was reported more often by subjects from more-developed countries, but fatigue was a presenting condition more often in subjects from less-developed countries. ***Conclusions:*** Fatigue may be an indicator of unmet psychiatric need in less-developed countries, but is most likely a sign of psychosocial distress in more-developed countries.

(Br J Psychiatry 2003;182:205–209)

Gender Differences in Pathological Gambling

Ibáñez A, Blanco C, Moreryra P, et al.

Background: To determine the differences in clinical presentation, gambling behavior, and psychiatric comorbidity of male and female treatment-seeking pathological gamblers. ***Method:*** Sixty-nine consecutive individuals with DSM-IV pathological gambling (47 men and 22 women) applying to a specialized outpatient treatment program were evaluated with structured interviews, self-report questionnaires, and psychological scales. ***Results:*** Sixty-seven percent of men (N = 26) versus 25% of women (N = 5) had been exposed to gambling in adolescence. Women had a later age at first bet and a faster evolution of the disorder. Female pathological gamblers were more likely to play bingo, whereas men tended to prefer slot machines. Male and female pathological gamblers had similar gambling severity and overall rates of psychiatric comorbidity. However, male pathological gamblers had higher rates of alcohol abuse/dependence and antisocial personality disorder, whereas women had higher rates of affective disorders and history of physical abuse. ***Conclusion:*** There are substantial gender differences in the clinical presentation and comorbidity of pathological gambling. These gender differences should be incorporated in the selection and planning of treatment for pathological gamblers.

(J Clin Psychiatry 2003;64:295–301)

Do Urbanicity and Familial Liability Coparticipate in Causing Psychosis?

van Os J, Hanssen M, Bak M, et al.

Objective: Individually, both urban environment and family history are risk factors for psychotic illness. Whether a biological synergism exists between these 2 proxy causes is, however, unknown. ***Method:*** This study estimated the amount of biological synergism that existed between familial liability (i.e., a family history of delusions and/or hallucinations leading to psychiatric treatment) and a level 5 rating of population density (i.e., at least 2500 addresses per km^2) of place of residence in a general population risk set of 5550 people. ***Results:*** Independent of each other, both level of urbanicity (adjusted summary odds ratio [OR] = 1.57, 95% CI = 1.30 to 1.89) and familial liability (adjusted OR = 4.59, 95% CI = 2.41 to 8.74) increased the risk for psychotic disorder. Urbanicity had, however, a much larger effect on the additive scale for persons with familial liability (risk difference = 2.58%) than those without familial liability (risk difference = 0.40%). It was estimated that 60% to 70% of individuals with exposure to both urbanicity and familial liability developed psychotic disorder owing to the synergistic action of the two factors. ***Conclusions:*** If the assumption is made that familial clustering of psychosis reflects the effect of shared genes, then the findings of this study point to an interaction between genes and environment as a mechanism in the causation of psychosis.

(Am J Psychiatry 2003;160:477–482)

Screening for Bipolar Disorder in the Community

Hirschfeld RMA, Calabrese JR, Weissman MM, et al.

Background: Our goal was to estimate the rate of positive screens for bipolar I and bipolar II disorders in the general population of the United States. ***Method:*** The Mood Disorder Questionnaire (MDQ), a validated screening instrument for bipolar I and II disorders, was sent to a sample of 127,800 people selected to represent the U.S. adult population by demographic variables. 85,358 subjects (66.8% response rate) that were 18 years of age or above returned the survey and had usable data. Of the nonrespondents, 3404 subjects matched demographically to the 2000 U.S. Census data completed a telephone interview to estimate nonresponse bias. ***Results:*** The overall positive screen rate for bipolar I and II disorders, weighted to match the 2000 U.S. Census demographics, was 3.4%. When adjusted for the nonresponse bias, the rate rose to 3.7%. Only 19.8% of the individuals with positive screens for bipolar I or II disorders reported that they had previously received a diagnosis of bipolar disorder from a physician, whereas 31.2% reported receiving a diagnosis of unipolar depression. An additional 49.0% reported receiving no diagnosis of either bipolar disorder or unipolar depression. Positive screens were more frequent in young adults and low income households. The rates of migraine, allergies, asthma, and alcohol and drug abuse were substantially higher

among those with positive screens. ***Conclusion:*** The positive MDQ screen rate of 3.7% suggests that nearly 4% of American adults may suffer from bipolar I and II disorders. Young adults and individuals with lower income are at greater risk for this largely underdiagnosed disorder.

(J Clin Psychiatry 2003;64:53–59)

Health Care Costs Associated With Posttraumatic Stress Disorder Symptoms in Women

Walker EA, Katon W, Russo J, et al.

Background: Although posttraumatic stress disorder (PTSD) is highly prevalent and has been associated with increased rates of medically unexplained physical symptoms, marked functional impairment, and high health care utilization, the actual health care costs associated with PTSD remain largely unstudied. ***Method:*** In this study, 1225 female members of a metropolitan health maintenance organization (HMO) were administered the PTSD Checklist (PCL); the PCL was validated in a subgroup of 268 women who underwent a structured PTSD interview. PCL scores were used to categorize the women into 3 groups: low (PCL score < 30), moderate (30–44), and high (≥ 45). Component and total health care costs were compared between groups using the cost accounting system of the HMO; chronic medical illness and other forms of psychological distress were controlled for. ***Results:*** For the 3 PCL groups, the total unadjusted mean ± SD health care costs were as follows: high, $3060 ± $6381 (median = $1283); moderate, $1779 ± $3008 (median = $829); and low, $1646 ± $5156 (median = $609). After adjustments were made for depression, chronic medical disease, and demographic factors, women in the high PCL score group were significantly more likely to have nonzero health care costs compared with women with low PCL scores (odds ratio = 13.14, 95% CI = 1.70 to 101.19). Women in the moderate PCL score group, compared with those in the low PCL score group, had, on average, a 38% increase in adjusted total annual median costs; those in the high PCL score group had a 104% increase compared with those in the low PCL score group. ***Conclusions:*** Even after depression, chronic medical illness, and demographic differences were controlled for, women with symptoms of PTSD had significantly higher total and component health care costs, findings that are similar to those found in studies of costs related to major depression. These results suggest that institution of health services interventions aiming to improve recognition and treatment of PTSD in primary and specialty care clinics may provide a cost-effective means of lowering the prevalence of the disorder.

(Arch Gen Psychiatry 2003;60:369–374)

Efficacy of Citalopram as a Monotherapy or as an Adjunctive Treatment to Estrogen Therapy for Perimenopausal and Postmenopausal Women With Depression and Vasomotor Symptoms

Soares CN, Poitras JR, Prouty J, et al.

Background: Women frequently report depressive and vasomotor symptoms during the menopausal transition. Hormone therapy has been shown to improve some of these symptoms, although its safety as a long-term treatment has been questioned. It is still unclear whether the use of antidepressants alone may alleviate menopause-related mood and vasomotor symptoms or enhance the response observed with short-term use of estrogen therapy. ***Method:*** Perimenopausal and postmenopausal women with depressive disorders (DSM-IV criteria) and menopause-related symptoms received treatment with 20 to 60 mg/day of citalopram alone (N = 22) or adjunctive to estrogen therapy (N = 13). Adjunctive treatment was offered to subjects who had failed to show remission of depression after 4 weeks with estrogen therapy (estradiol [E_2]) alone. Depressive symptoms, menopause-related symptoms, and global clinical improvement were assessed at baseline and at endpoint of adjunctive treatment (8 weeks) or citalopram monotherapy (12 weeks). Remission of depression was defined as a score of < 10 on the Montgomery-Asberg Depression Rating Scale and a score of ≤ 2 on the Clinical Global Impressions scale at endpoint. Data were collected from November 2000 to February 2002. ***Results:*** Twelve women (92.3%) concluded the 8-week adjunctive treatment; 11 subjects (91.6%) achieved full remission of depression. Symptoms that had persisted after an initial 4-week treatment with E_2 alone (e.g., tension, anxiousness, tiredness, and difficulty in concentrating) improved significantly ($p < .05$). Fifteen subjects concluded the treatment with citalopram monotherapy; 13 subjects (86.6%) showed full remission of depression. Anxiety and other somatic complaints had significant improvement ($p < .05$), while there was a trend toward improvement in vasomotor symptoms in those receiving monotherapy ($p = .06$). ***Conclusion:*** Citalopram alone is an efficacious treatment for perimenopausal and postmenopausal women with depression. Citalopram also appears to be efficacious as an adjunctive treatment for depressed subjects who remain symptomatic after treatment with E_2 (i.e., E_2 nonremitters). The role of citalopram monotherapy for the management of vasomotor symptoms warrants further investigation.

(J Clin Psychiatry 2003;64:473–479)

The Economics of Women and Depression: An Employer's Perspective

Birnbaum HG, Leong SA, Greenberg PE

Background: The economic cost of depression in women has received little study. In the present report, the direct and indirect costs to employers, as well as the service utilization patterns, of depressed female employees were compared with those of depressed male employees. ***Method:*** Data were obtained from a claims database of a national, Fortune 500 company. Direct (medical and prescription drug) and indirect (disability and illness-related work absence) costs in 1998 were compared between female and male depressed beneficiaries. ***Results:*** On average, a depressed female employee cost the company more money ($9265) than a depressed male employee ($8502). Although the medical costs of depressed women were lower than for depressed men, women had higher work absence costs and higher overall costs than depressed men. ***Limitations:*** Data represented only those costs stemming from disability and sporadic illness-related work absences and did not reflect costs of reduced productivity while at work. ***Conclusions:*** Employers should look into programs that would improve the management of individuals, especially women, who have depression. Additional research would further sensitize the medical community to depressive symptoms in women.

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